



RECORDS RETENTION AND DISPOSITION SCHEDULE
State Form 5 (R3/ 2-91)

Document No.	Disc. Number	Page of Pages
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Agency Name	Division Name	Telephone Number
Address		
Agency Head Signature of Approval	Agency Head Name (Type or Printed)	Date of Approval

ITEM NO.	RECORD SERIES	TITLE/DESCRIPTION	RETENTION PERIOD

Name of Record Analyst	Date Prepared	Commission on Public Records Signature Approval	Date of Approval
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